| MEDIATOR (Name and Address): | TELEPHONE NO.: | FOR COURT USE ONLY |
|--|-------------------|---------------------------------------|
| _ | | |
| | | |
| | | |
| | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF | | 1 |
| STREET ADDRESS: | | |
| MAILING ADDRESS: | | |
| CITY AND ZIP CODE: | | |
| BRANCH NAME: | | |
| CASE NAME: | | 1 |
| 3.62 10 min | | |
| | | CASE NUMBER: |
| STATEMENT OF AGREEMENT OR NONAGREE | MENT | |
| | | <u></u> |
| | | |
| This case was filed on (date): | | |
| I was assigned to this matter on (date): | | |
| The doigned to the matter on (date). | | |
| Mediation took place on (date or dates): | | |
| | | |
| and took a total of hours. | | |
| Check one: | | |
| Check one. | | |
| The mediation ended in full agreement by all parties on (date): | | |
| | | |
| The mediation ended in full agreement as to the following partie | :S | |
| | | |
| on (c | date): | |
| The second state of the se | | |
| The mediation ended in nonagreement. | | |
| | | |
| | | |
| Date: | | |
| Date. | | |
| | | |
| | • | |
| (TYPE OR PRINT NAME) | <u></u> | (SIGNATURE OF MEDIATOR) |
| (TIPE OR PRINT NAME) | | (SIGNATURE OF MEDIATOR) |
| | | |
| | | |
| | | |
| NOTE: Within 10 days of the conclusion of the mediation, t | the mediator must | serve a copy of this statement on all |
| mortion and file the evisional with money of complex with the c | | |

parties and file the original, with proof of service, with the court clerk. The proof of service on the back of this form may be used.

(See reverse for Proof of Service by Mail)

WEST GROUP Official Publisher

| CASE NAME: — | | CASE NUMBER: |
|--|--|---|
| | PROOF OF SERVICE | BY MAIL |
| I, (name) | , | am a citizen of the United States, over the age of 18, and |
| not a party to this action. | | |
| On <i>(date)</i> : | I placed true and correct | copies of this Statement of Agreement or Nonagreement |
| n sealed envelopes, which I depo | osited in the United States mail at <i>(place c</i> | of mailing): |
| California, with first class postage (If more space is needed, attach a | thereon fully prepaid, addressed as followaseparate list.) | WS: |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| I am a resident of or employed | In the county where the mailing occurred. | My business or residence address is |
| | | |
| I declare under penalty of perju correct. | ry under the laws of the State of California | a that the foregoing, including any attachment, is true and |
| Executed at | , California, | on <i>(date)</i> : |
| | | |
| | | |
| | | (SIGNATURE) |